



Police Department

Office 385.201.1005
Fax 385.201.1006

580 West State Street
Lehi, UT 84043
lehi-ut.gov

AUTHORITY FOR RELEASE OF INFORMATION

Name of Applicant _____
Please Print Your Full Name

Date of Birth _____ SSN# _____

As an applicant for employment with the Lehi City Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that the Lehi City Police Department will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for employment in Public Safety.

To this end, I authorize the release of any and all information you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish the Lehi City Police Department with any and all information they may require concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested by the Lehi City Police Department. I further authorize that a photocopy of this form shall be, for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

SIGNATURE (Full Name) _____

State of Utah)
County of Utah)

Sworn and subscribed to before me this.

____ day of _____, 20____.

Notary Public _____
My commission expires _____